

To:
 AODA Counselors
 Chiropractors
 Day Treatment Providers
 Federally Qualified Health Centers
 HealthCheck "Other Service" Providers
 Home Health Agencies
 Inpatient Hospital Providers
 Master's-Level Psychotherapists
 Mental Health/Substance Abuse Clinics
 Nurse Midwives
 Nurses in Independent Practice
 Nursing Homes
 Occupational Therapists
 Outpatient Hospital Providers
 Personal Care Agencies
 Physical Therapists
 Physician Clinics
 Physicians
 Psychologists
 Rehabilitation Agencies
 Respiratory Therapists
 Rural Health Clinics
 Speech and Hearing Clinics
 Speech-Language Pathologists
 Therapy Groups
 HMOs and Other Managed Care Programs

Wisconsin Medicaid Accepting Prior Authorization Requests Via the Web for Additional Service Areas

Effective January 31, 2005, Wisconsin Medicaid will accept Prior Authorization Request Forms (PA/RFs) via the Medicaid Web Site for additional service areas. The added service areas are:

- Child/adolescent day treatment, a HealthCheck "Other Service."
- Chiropractic.
- Home health services/private duty nursing (including respiratory care for ventilator-dependent recipients).
- Intensive in-home treatment service, a HealthCheck "Other Service."
- Mental health day treatment.
- Occupational therapy, physical therapy, and speech and language pathology services.
- Personal care services.
- Psychotherapy.
- Psychotherapy (hospital).
- Substance abuse day treatment.
- Substance abuse services.
- Ventilator services (hospital and nursing homes only).
- Brain injury.

Completing and submitting the PA/RF via the Web is intended to reduce the number of requests returned to providers due to clerical errors or omissions and may establish initial grant dates according to current policy.

Prior Authorization Request Forms Accepted Via the Web in January

Effective January 31, 2005, Wisconsin Medicaid will accept Prior Authorization Request Forms (PA/RFs) for additional service areas via the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Only information on the PA/RF may be submitted via the Web for the added service areas. Providers will be required to print the PA/RF that was completed and submitted via the Web and then send the PA/RF, service-specific PA attachments, and any supporting clinical documentation to Wisconsin Medicaid on paper by mail or fax.

Completing and submitting PA/RFs via the Web is intended to reduce the number of requests returned to providers due to clerical errors or omissions and may establish initial grant dates according to current policy.

Supporting clinical documentation may include, but is not limited to, X-rays, photographs, a physician's prescription, clinical reports, and other materials related to the recipient's condition.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a complete list of processing types and corresponding service areas that may submit PA requests via the Web.

HealthCheck “Other Services”

Effective January 31, 2005, providers of HealthCheck “Other Services” may complete PA requests via the Medicaid Web site by selecting the HealthCheck “Other Services” box.

HealthCheck “Other Services” may include any Medicaid service area but are primarily for pharmacy services, durable medical equipment, disposable medical supplies, and mental health services.

Registration for Submitting Prior Authorization Requests on the Medicaid Web Site

To register and log in to submit PA requests via the Web, users should go to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ and do the following:

- Select “Providers” at the top of the page and then “Web Prior Authorization (PA)” under “Related Programs and Services.”
- Select “Web PA Application.” This will take users to the “Welcome to Web PA” login and registration screen.

If a user has not registered to submit Web PA requests, refer to Attachment 2 for instructions on how to register and log in as a new user.

Instructions for Submitting Web-Based Prior Authorization Requests

After accessing the Web PA site, users will complete the PA/RF. The information on the Web PA/RF is the same as the paper version.

When the PA/RF is complete, users should select “Submit.” If an error is detected, a message on the screen will prompt the user to correct it.

If the PA/RF contains no errors, a PA number will be assigned. The PA number will appear on the Confirmation of Receipt screen.

Users will then be instructed to print the PA/RF and *mail or fax the entire PA request*, which includes the *PA/RF from the Web*, *service-specific PA attachments*, and *any supporting clinical documentation*, to Wisconsin Medicaid.

Users should *not* make any handwritten changes to the PA/RF once it is printed. Submitted PA/RFs with handwritten changes will delay the processing of the PA request.

Note: When a user receives the PA number, this *does not* signal an approved PA request. While *clerical* errors have been reviewed on the PA/RF, a *clinical* review of the PA request must still take place.

When the PA/RF is submitted via the Web, users are required to print a copy to submit to Wisconsin Medicaid. Users may also keep a paper copy for their records by printing the PA/RF in Portable Document Format (PDF) or by saving the PDF to their computers using Adobe Reader^{®*}.

If users do not print this PA/RF when it is initially displayed, they will not be able to print it later.

Mail Entire Prior Authorization Request Within 10 Business Days to Wisconsin Medicaid

Wisconsin Medicaid should receive the *entire* PA request on paper by fax or mail, including a

When a user receives the PA number, this *does not* signal an approved PA request. While *clerical* errors have been reviewed on the PA/RF, a *clinical* review of the PA request must still take place.

printed copy of the Web PA/RF, service-specific PA attachments, and supporting clinical documentation, within 10 business days of the PA/RF being accepted via the Web.

If the entire PA request is received within 10 business days of Wisconsin Medicaid accepting the PA/RF via the Web, the PA request will be processed as usual.

If the entire PA request is not received by Wisconsin Medicaid within 10 business days of the PA/RF being accepted via the Web, the PA/RF submitted via the Web will be returned to the user by mail. Users will then have to resubmit the returned PA/RF, along with the service-specific PA attachments and supporting clinical documentation, on paper by mail or fax. Resubmitting the returned PA/RF will allow providers to maintain the initial date of receipt for the PA request.

Refer to Attachment 3 for instructions on submitting PA requests via the Web.

If the entire PA request is received within 10 business days of Wisconsin Medicaid accepting the PA/RF via the Web, the PA request will be processed as usual.

Prior Authorization Decision Notices

If, after the clinical review, the PA request is approved, one of the following will be mailed:

- A Prior Authorization Decision Notice, except for processing types 126, 127, and 128. Refer to Attachment 4 for a sample decision notice.
- For processing types 126, 127, and 128, users will receive a paper copy of the adjudicated PA/RF.

Denied or Modified Prior Authorization Requests

For denied or modified PA requests, users will receive a paper copy of the PA/RF.

Returned Prior Authorization Requests

Wisconsin Medicaid will return the entire PA request for requests requiring additional information.

If a PA request submitted via the Web is returned to the user for additional information, it should be *resubmitted on paper* by mail or fax with the requested information. By resubmitting a copy of the returned PA/RF, the date established by submitting the PA/RF via the Web may continue to be used as the initial grant date according to current policy.

However, if a user submits a PA request via the Web *after* receiving a returned PA, the PA process will start from the beginning. New grant dates and PA numbers will be established.

Refer to Attachment 3 for information about decision notices and denied, modified, and returned PA requests.

Hours of Operation

Users may submit PA requests via the Web Monday through Friday from 8:00 a.m. to 5:00 p.m. (Central Time). Web PA will not be available on weekends or state-observed holidays.

System Requirements

To submit PA requests on the Web, users will need one of the following Web browsers:

- Internet Explorer™ 5.50 or greater.
- Netscape Navigator™ 4.70 or greater.

Web Site Security

The Wisconsin Medicaid PA Web site is secured with Secure Socket Layer (SSL) 128-bit encryption. If the Web PA application is idle for 30 minutes, the connection will be cut off. The user will lose all previously entered information and will have to enter his or her

user name and password to re-enter the Web PA system.

User Resources

If users have questions about submitting PA requests on the Web, Wisconsin Medicaid offers a complete tutorial, online Help, and a helpdesk to assist providers submitting PA requests via the Web.

Online Tutorial

For users who want step-by-step instructions on submitting PA requests via the Web site, there is a complete tutorial. There is a Tutorial link at the top of each screen of the Web PA process if a user has a question about a specific screen.

Online Help

If users have a question about a specific item while submitting a PA request (e.g., a procedure code element on the PA/RF), they may select “Help” at the top of the Web page. This will give the provider a brief explanation about a specific area.

Helpdesk

For help with logging in or other Web PA questions, users may also contact the Web PA technical helpdesk at (608) 221-9730. The helpdesk is available Monday through Friday from 8:30 a.m. to 4:30 p.m. (Central Time).

*The Medicaid Web site provides instructions on how to obtain Adobe Reader® at no charge from the Adobe® Web site. Adobe Reader® does not allow users to save completed fillable PDFs to their computers; however, if Refer to the Adobe Acrobat® is obtained, providers may save completed PDFs to their computers. Refer to the Adobe® Web site, www.adobe.com/, for more information about fillable PDFs.

Note: For PA policy questions, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883.

Paper Prior Authorization and STAT-PA Submission Still Available

Providers may continue to submit PA requests by mail or fax, or, when applicable, they may submit requests using Specialized Transmission Approval Technology-Prior Authorization (STAT-PA).

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Processing Types and Corresponding Service Areas

The processing types and corresponding service areas that may now submit prior authorization (PA) requests via the Wisconsin Medicaid Web site are as follows:

- 111 — Physical therapy (PT).
- 112 — Occupational therapy (OT).
- 113 — Speech and language pathology (SLP).
- 114 — Spell of illness (SOI) for PT.*
- 115 — SOI for OT.*
- 116 — SOI for SLP.*
- 117 — Physician services, including rural health clinics and federally qualified health centers.*
- 118 — Chiropractic.
- 120 — Home health services/private duty nursing (including respiratory care for ventilator-dependent recipients).
- 121 — Personal care services.
- 122 — Vision services.*
- 126 — Psychotherapy and intensive in-home treatment service, a HealthCheck “Other Service.”
- 127 — Psychotherapy (Hospital).
- 128 — Substance abuse services.
- 129 — Mental health day treatment and child/adolescent day treatment, a HealthCheck “Other Service.”
- 130 — Durable medical equipment (DME) wheelchairs, accessories, or home health equipment.*
- 132 — Disposable medical supplies.*
- 135 — Ventilator services (hospital and nursing homes only).
- 136 — Substance abuse day treatment.
- 139 — DME oxygen and oxygen-related services, respiratory equipment, or exceptional supplies.*
- 140 — DME orthotics, footwear, or prosthetics.*
- 160 — Birth to 3 (B-3) for PT.*
- 161 — B-3 for OT.*
- 162 — B-3 for SLP.*
- 999 — Brain injury.

* Wisconsin Medicaid currently accepts the Prior Authorization Request Form (PA/RF) and PA attachments via the Medicaid Web site for these service areas.

ATTACHMENT 2

New User Registration

A user who has not previously registered to submit prior authorization (PA) requests via the Wisconsin Medicaid Web site should select “Register to use site” to access the New User Registration page.

On the New User Registration page, users will be asked to enter or select the following information (all items are required except as noted):

- **First name.**
- **Last name.**
- **E-mail.** E-mail addresses are not case sensitive.
- **Address 1.**
- **Address 2.**
- **City.**
- **State.**
- **ZIP code** (plus four digits, if applicable).
- **Telephone number** (with extension, if applicable).
- **Fax number** (optional).
- **User Name.** User names must be at least eight characters long and can be alphanumeric. User names are not case sensitive. Each user is required to select a unique user name and password.
- **Password.** Passwords must be at least eight characters long and contain at least one letter character and one numeric character. Passwords are case sensitive.
- **Password Confirmation.** As a security check, users will be asked to retype their password.
- **Select a security question.** Users are required to choose just one of the following questions:
 - ✓ “What is your mother’s maiden name?”
 - ✓ “What is your father’s middle name?”
 - ✓ “What are the last four digits of your Social Security number?”
 - ✓ “What was the name of your high school?”
- **Question response.** Users are required to enter the answer to the question they selected. The maximum length of this response is 25 characters. Question responses are case sensitive. This feature is used to confirm a user’s identity if a password is forgotten.
- **Select Register.** If an error is found on the page, a message on the screen will prompt the user to correct it. When the error is corrected, users should select “Register” again.

After “Register” is selected, the screen will notify the user that the registration request is being processed. When processing is complete, the user is logged into the Web PA application.

Authorizing Billing Provider Numbers

When the user is registered, he or she will be able to enter one or more Wisconsin Medicaid billing provider numbers for submitting PA requests on the Web.

Note: A single provider (e.g., clinic or hospital) may have multiple users who submit PA requests via the Web. Also, a staff member (e.g., billing clerk) may be able to submit PA requests via the Web for multiple billing providers.

To authorize the billing provider numbers, users must do the following:

- **Enter a Medicaid billing provider number.** This is the provider's eight-digit Wisconsin Medicaid provider number.
- **Enter the billing provider's name.** At a minimum, users are required to enter the first three characters of the provider's last name or the organization's name to validate that the provider number was entered correctly. Users are required to enter the provider's name that was used when the provider became Medicaid certified.
- **Confirm.** When "Confirm" is selected, the billing provider number and name should appear on the screen. Users may authorize multiple billing provider numbers.
- **Add.** Select "Add" once the user has verified that he or she has the correct billing provider to add the provider to the user's list.
- **Create PA.** When the billing provider numbers have been added, users will select "Create PA" to begin submitting PA requests on the Web.

For help with logging in or other Web PA questions, users may also contact the Web PA technical helpdesk at (608) 221-9730.

ATTACHMENT 3

Instructions for Submitting Prior Authorization Requests Via the Web

After accessing the Wisconsin Medicaid Web Prior Authorization (Web PA) system, users will complete the Prior Authorization Request Form (PA/RF). The information on the Web PA/RF is the same as the paper version. When the PA/RF is complete, users should select “Submit.”

If a clerical error is detected, a message on the screen will prompt the user to correct it. Examples of clerical errors that providers will be prompted to correct include, but are not limited to, the following:

- Invalid place of service code.
- Obsolete procedure code.
- Invalid recipient name.
- Invalid recipient Medicaid identification number.
- Invalid Medicaid provider number.
- Failure to indicate a recipient’s primary diagnosis code.

If the PA/RF contains no errors, a PA number will be assigned. The PA number will appear on the Confirmation of Receipt screen. Users will then be instructed to print the PA/RF and mail or fax the entire PA request, which includes the PA/RF from the Web, service-specific PA attachments, and any supporting clinical documentation, to Wisconsin Medicaid.

Users should *not* make any handwritten changes to the PA/RF once it is printed. Submitted PA/RFs with handwritten changes will delay the processing of the PA request.

Note: When a user receives the PA number, this *does not* signal an approved PA request. While *clerical* errors have been reviewed on the PA/RF, a *clinical* review of the PA request must still take place.

When the PA/RF is submitted via the Web, users are required to print a copy to send to Wisconsin Medicaid. Users may also keep a paper copy for their records by printing the PA/RF in Portable Document Format (PDF) or by saving the PDF to their computers using Adobe Reader®*. If users do not print this PA/RF when it is initially displayed, they will not be able to print it later.

Mail Entire Prior Authorization Request to Wisconsin Medicaid

Wisconsin Medicaid should receive the *entire* PA request on paper by fax or mail, including a printed copy of the Web PA/RF, service-specific PA attachments, and supporting clinical documentation, within 10 business days of the PA/RF being accepted via the Web.

If the entire PA request is received within 10 business days of Wisconsin Medicaid accepting the PA/RF via the Web, the PA request will be processed as usual.

*The Medicaid Web site provides instructions on how to obtain Adobe Reader® at no charge from the Adobe® Web site. Adobe Reader® does not allow users to save completed fillable PDFs to their computers; however, if Refer to the Adobe Acrobat® is obtained, providers may save completed PDFs to their computers. Refer to the Adobe® Web site, www.adobe.com/, for more information about fillable PDFs.

If the entire PA request is not received by Wisconsin Medicaid within 10 business days of the PA/RF being accepted via the Web, the PA/RF submitted via the Web will be returned to the user by mail. Users will then have to resubmit the returned PA/RF, along with the service-specific PA attachments and supporting clinical documentation, on paper by mail or fax. Resubmitting the returned PA/RF will allow providers to maintain the initial date of receipt for the PA request.

Prior Authorization Decision Notices

If, after the clinical review, the PA request is approved, one of the following will be mailed:

- A Prior Authorization Decision Notice, except for processing types 126, 127, and 128.
- For processing types 126, 127, and 128, users will receive a paper copy of the adjudicated PA request.

Denied or Modified Prior Authorization Requests

For denied or modified PA requests, users will receive a paper copy of the PA/RF.

Returned Prior Authorization Requests

Wisconsin Medicaid will return the entire PA request for requests requiring additional information.

If a PA request submitted via the Web is returned to the user for additional information, it should be *resubmitted on paper* by mail or fax with the requested information. By resubmitting a copy of the returned PA/RF, the date established by submitting the PA/RF via the Web may continue to be used as the initial grant date according to current policy.

However, if a user submits a PA request via the Web *after* receiving a returned PA, the PA process will start from the beginning. New grant dates and PA numbers will be established.

ATTACHMENT 4

Sample Prior Authorization Decision Notice

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11070 (Rev. 07/04)

STATE OF WISCONSIN
HFS 106.03(4) Wis. Admin. Code

WISCONSIN MEDICAID
PRIOR AUTHORIZATION DECISION NOTICE Letter Seq: 00001

PA No: 1234567 ICN: 24922004194211000 Batch: 211 Date: JANUARY 31, 2005

Request Authorization: **Approved**

EOB:

Provider Seq: 00001

IM A PROVIDER
123 MAIN STREET
APT 104
MADISON WI 53707

Provider Number: 12345678

Recipient Name: HES A RECIPIENT

Medicaid ID Number: 1234567890

Primary Diagnosis: 343.9

Secondary Diagnosis: 737.39

Detail Auth	Service Authorized	Modifier	POS	Perform Provider	Quantity Auth	Grant Date	Expire Date
APPROVED	97110	GP	11	12345678	26.00	01/31/05	07/31/05
THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY							

An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.